

National Network In Action

Event Attendance Request

In your request for Rev. Floyd D. Harris Jr attendance please assist in filling out this form for our records.

Agency Name/Organization: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell: () _____ Message Ph: () _____ Fax: () _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell: () _____ Message Ph: () _____ Fax: () _____

Email: _____

Date of Event

Month/Day/Year _____ Time/ Length: _____

Topic/Subject Matter: _____

All expenses must be paid (Travel, Food, Lodging) prior to our attending the event.

All (Travel, Food, Lodging) Confirmation must be confirm one week in advance.

Signed: _____ Date: _____